

10/539377

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11	1		1			
12	1	1				
13		1				
14		1				
15	1	1				
16	1	1				
17	11					
18		23				
19		3				
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						